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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/783,792
	<b>Filing Date</b>	February 15, 2001
	<b>First Named Inventor</b>	Misra et al.
	<b>Group Art Unit</b>	2664
	<b>Examiner Name</b>	Not Yet Known
	<b>Attorney Docket Number</b>	I-2-156.2US
<b>Total Number of Pages in This Submission</b>		9

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Form PTO-1449 with copies of three references and copy of search report
<b>Remarks</b>		<b>RECEIVED</b>  FEB 19 2002  Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
<b>Firm or Individual name</b>	Jeffrey M. Glabicki Volpe and Koenig, P.C.	<b>Reg. No.</b> 42,584
<b>Signature</b>		
<b>Date</b>	1/8/02	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <span style="border: 1px solid black; padding: 2px;">1/8/02</span>			
<b>Typed or printed name</b>	Jeffrey M. Glabicki		
<b>Signature</b>		<b>Date</b>	1/8/02

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# FEE TRANSMITTAL for FY 2002

FEB 11 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

0.00

## Complete if Known

Application Number

09/783,792

Filing Date

February 15, 2001

First Named Inventor

Misra et al.

Examiner Name

Not Yet Known

Group Art Unit

2664

Attorney Docket No.

I-2-156.2US

## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

22-0493

Deposit  
Account  
Name

VOLPE AND KOENIG, P.C.

- ☒ Charge any Deficiencies or Credit any Overpayment in the Total Fees Associated With This Communication

- ☐ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☐ Payment Enclosed:

- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
101	740	201	370		Utility filing fee
106	330	206	165		Design filing fee
107	510	207	255		Plant filing fee
108	740	208	370		Reissue filing fee
114	160	214	80		Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

0.00

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =	X	
Multiple Dependent	** =	X	

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
103	18	203	9		Claims in excess of 20
102	84	202	42		Independent claims in excess of 3
104	280	204	140		Multiple dependent claim, if not paid
109	84	209	42		** Reissue independent claims over original patent
110	18	210	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0.00

## SUBMITTED BY

Name (Print/Type)

Jeffrey M. Glabicki

Registration No.  
(Attorney/Agent)

42,584

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Telephone

215-568-6400

Signature

Date

1/8/02

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